NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

DMR Mailing ZIP CODE EIVER 1
MINOR \$
(SUBR 01)

MAY 1 2 2016

External Outfall

No Discharge
U.S. EPA REGION 10
Office of Compliance and El forcement

Proc. of Art and Proc. and Transport		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	ALUE VALUE		EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	旅游旅游旅	有有有有有	*****	****	14.57	18.9	desc	No	weekly	Grah	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	के के हैं के ले हैं।	****	the she she she she she	the ple de ple the fit	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	testatasta	有有有有有	ale ale ale ale ale ale	10.4	10.95	有我欢欢欢介	ms/L	No	monthly	Grab	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*******	Req. Mon. DAILY MN	Req. Mon. MO AVG	物物物物物	mg/L		Monthly	GRAB	
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	331	683	1b/d	*****	19	25.6	mg/L	No	Weekly	Company	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	the should rake the the	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	2927	*****	16/0	nnnen	257	*****	visle	No	weekly	compi	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	she the the the the	Req. Mon. MO AVG	the site site site site	mg/L		Weekly	COMP24	
pH	SAMPLE MEASUREMENT	*****	****	****	6.9	*****	8,1	su	116	Weekdops	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 DAILY MN	*****	8.5 DAILY MX	SU		Weekdays	GRAB	
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	the star also also also	de de de de de de	ste ste ste ste ste ste	70.4	70.4	Ms/c	No	once por 2 prontes	Corep24	
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	de de de de de de	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	406	318	16/d	ale ale de ale de sée	23.3	31	ngll	NO	Weekly	Corp 24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	the stacks for the the	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	11 00 11	TELEP	TELEPHONE	
Hanna Combhan / Mayor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	108 243	108 243 2577	
TYPED OR PRINTED	Information, including the possibility of fine and imprisonment for knowing violations.	/ AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1C13 5/13/16

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ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

ID0022799 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2016 04/30/2016

DMR Mailing ZIP CODE: 8580 MINOR (SUBR D1) MAY 1 2 2016

External Outfall

U.S. EPA REGION 1 Office of Compliance and Enforcement

6000000 - 000000 - 10000 - 100		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER	Name of the last	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	5185.4	of the site site site	16/2	*****	457.17	ste ste ste ste ste	MS/L	No		
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	lb/d	****	Req. Mon. MO AVG	经保护保护	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	ste ste de de de de	水物水物物	ste ste ste ste ste ste	教育教教教	.495	1.08	right	No	weekly	compre
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	જે તે જે જે જે તે છે.	the site site site site site	de de de de de	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	yte ste ste de de de	****	*****	****	5.59	3.39	mgle	No	monthly	compra
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	tehriebehrh	ste die sterste die die	物物物物物	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	ste ste ste ste ste	物物物物物	非宗宗宗宗	存在存在存在	1.34	1.34	ms/L	No	nonthly	eomp
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	destribute	ste ate ate ate ate ate	ste ste ste ste ste	ale ale de de de de	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	ate aferate aferate afe	the the the the the	非特殊的故	ale ale de de de de	1.24	1.24	ng/L	NO	morthly	compry
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	de de de de de de de	de de de de de de	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	ste afe afe afe afe	非教育教教育	拉拉拉拉拉拉	ste ste ste ste ste ste	46.8	46.8	mg/L	No	months	compre
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	nanan	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	the first the star star	the starter than the start	****	the site the site the	.913	,913	mgle	No	Twice pa	Campil
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	the the the the the the	site de site site site de	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	7/	9 11	TELEPHONE		DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURI	TURE OF PRINCIPAL EXECUTIVE OFFICER OR	208 245 2577		5/9/2016	
TYPED OR PRINTED		AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY	

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MM/DD/YYYY 04/01/2016

MM/DD/YYYY 04/30/2016

DMR Mailing ZIP CODE: 83861 MINOR

(SUBR (11)

External Outfall

No Discharge U.S. EPA REGION 10

Office of Compliance and Enforcement QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY SAMPLE OF ANALYSIS PARAMETER EX TYPE VALUE VALUE UNITS VALUE VALUE VALUE UNITS 索拉索拉索拉 **** **** **** E. coli, MTEC- MF SAMPLE Firmpy 12 12 #/100 MEASUREMENT month Grab 31648 1 0 PERMIT afer afer afer afer afer afer ticale aleafe aleafe ale प्रीत प्रीत प्रीत प्रीत प्रीत प्रीत प्रीत yle yle yle yle yle yle yle 126 406 #/100mI Five per **GRAB** REQUIREMENT Effluent Gross MO GEO **INST MAX** Month Flow, in conduit or thru SAMPLE ni nicht nicht nicht *** *** 3.2 Reporder MGD MEASUREMENT Continuous treatment plant 5005010 PERMIT **** **** nanana. *** Reg. Mon. Reg. Mon. MGD Continuous Recorder REQUIREMENT Effluent Gross MO AVG DAILY MX (auto) Chlorine, total residual SAMPLE **** Fiverpor -17 , 25 MEASUREMENT .83 1,94 16/2 Grab week MG/L 50060 1 0 PERMIT 3.89 5.09 te de the de she she lb/d .233 .305 Five per Weel mg/L GRAB REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX BOD, 5- day, percent removal SAMPLE nanana de de de de de de de ***** **** 88 0/0 calita MEASUREMENT Weekly 81010 K O PERMIT starte starte starte र्श्वत और स्रोह स्रोह स्रोह स्रोह de 85 ste ste ste ste ste ste % Weekly CALCTD REQUIREMENT Percent Removal MINIMUM Solids, suspended percent SAMPLE ste ste ste ste ste ste sk sk sk sk sk sk % 92 MEASUREMENT No Weekly CALCID removal 81011 K O **** PERMIT **** nanan REPRESE 85 Weekly CALCTD REQUIREMENT Percent Removal MINIMUM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the erson or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete: I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

208 245 2577

AREA Code

TELEPHONE

3/9/16 NUMBER MM/DD/YYYY

DATE

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